

Call Me By My True Name

by John R. Snyder

There is a large and growing literature in the anthropology and sociology of so-called "learning disabilities." Montessorians would be wise to acquaint themselves with this literature, its history, and its goals.

One point of departure shared by virtually all of this research is the understanding that the categories used to sort the competent from the incompetent are socially constructed. In his book *Questions of Competence*, anthropologist Richard Jenkins writes:

"'Competence' is the capacity or potential for adequate functioning-in-context as a socialized human. [...] Neither incompetence nor intellectual disability -- nor indeed disability more generally -- are consistent, "natural" or self-evident categories. This is not to ignore the fact that, for a range of reasons, individuals differ in their intellectual or physical capacities. Nor is it to overlook the likelihood that some distinction between competence and incompetence is drawn in all societies. However, *where* the line is drawn, and what it *means*, varies enormously."

One line of research compares cultures all over the world with respect to (1) what competences are important to the culture, (2) where the line is drawn between competence and incompetence, and (3) what the culture does with those deemed incompetent. A vast range of different answers to these questions has been found. The same person, if transposed from one culture to another, would be seen very differently, with very different consequences for their quality of life. The inescapable conclusion is that, as Jenkins goes on to say, "all models are local models."

Having this perspective is therapeutic for those of us who work with complex, challenging children. It reminds us to recognize the somewhat arbitrary nature of our judgments of competence or normality. It hovers there in the background whenever we are sure we have seen and named the true nature of the child's "problems," asking "Are you sure? Are you sure?" In Montessori terms, it gives us another way to understand why our work is always with the periphery of the Child's being, not its core.

Jenkins notes that where he grew up, having a good ear for music, a good sense of rhythm, or artistic talent, were considered positive but by no means necessary attributes. He then comments:

"The practical aptitudes that are identified as (in)competencies in any given local or cultural setting are always, at least to some extent, an arbitrary selection from the spectrum of aptitudes and potentialities that make up the human behavioral portfolio. The degree to which they are marked or emphasized is also -- once again, to some extent -- arbitrary."

Our Language Misleads Us

Very much related to the issues of social constructedness of our views of (in)competence, is the issue of language. We can learn from anthropologists, linguists, and philosophers of language how much our thinking and our very perception of the

world is conditioned by our language. Thinking is, to a great extent, “linguaging,” and this is yet another complicating factor in our work with complex, unusual children.

Consider the never-ending debate on labels in special education. James W. Trent, in his history of mental retardation, notes that in the United States, “*defectives* became *mental defectives*, *imbeciles* became *high-grade* and *low-grade imbeciles*, *moron* became the *higher-functioning mentally retarded*. More recently, the *mentally retarded* have become *mentally retarded persons* and now *persons with mental retardation* and, in some circles, *persons with developmental disabilities* or *persons specially challenged*.”

In this progression and in analogous progressions for all manner of learning differences and putative disabilities, we can see the labels shifting along with the shifting influence of medical, sociological, and political points of view. The constantly shifting labels are the tip of the iceberg of controversy and confusion about the phenomena they are labeling.

In Trent’s progression we can also see a growing uneasiness with the acts of labeling and categorization themselves. But to have a diagnosis is already to have a label. In this sense, labeling is inherent in the medical model of learning differences. The rest is degree of politeness.

This is much more than a philosophical point. Labels have consequences; sometimes they imply whole lives. Anthropologist Michael Angrosino describes the operational meaning of diagnostic labels in our culture:

“Because the United States lacks universal health insurance, virtually the only way many people -- particularly the indigent, but also the working poor -- can receive medical and associated services is by accepting a designation of disability. [...] It is simply not in the best economic, legal or political interest of most persons defined as disabled to contest their designation.”

In our work, we see many parents who end up seeking a label for their child because it is the entrance ticket or the passport to the bureaucratic maze of social and educational services.

For English speakers, there is an even deeper problem: English is a label-making language. Marshall Rosenberg, the developer of Non-Violent Communication, tells of a communication workshop he held in Malaysia. The interpreter with whom he was working, came to him before the workshop expressing some concern about how to translate much of what Rosenberg meant to talk about. Apparently, in the language of Malaysia, there is no way to directly translate “So-and-so is such-and-such”; e.g., “John is lazy.” Surprised, Rosenberg asked what would they say instead. The interpreter explained that it would have to be translated something like “John rests a lot and does not do as much work as others.” This sort of non-judgmental description was, of course, exactly what Rosenberg had intended to advocate in place of labels.

When we say in English (or in many other languages) “John is lazy” or “Sue is a borderline personality disorder” or “Mark is dyslexic,” structurally, the utterance appears to be defining something essential about the named person. The copula “is” is the verb of definition. “Snow is frozen water” and “John is lazy” are two very different speech acts, but they can both be taken as definitions. If we stop to think about it, we know that John

is not our judgment of his work ethic; he is much, much more. But the language obscures that.

Labeling language reinforces the medical model's view of the labeled condition as belonging to the individual. (Dyslexia is of the essence of Mark.) But Montessorians and many non-Montessori critics of the medical model know that the individual is always an individual-in-context, that it makes no sense to speak of "learning differences" in a context-free way. That was the message from the cross-cultural studies mentioned above.

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Sophia Cavaletti tells the story of a physically handicapped boy who participated in the Catechesis of the Good Shepherd, the Montessori-inspired religious education curriculum. There he heard the story from the Gospel of John in which the Good Shepherd "calls his own sheep by name." This made such an impression on the boy that from that day on he would never wilt under the teasing or cruel name-calling of other children, but would reply with great dignity, "The Good Shepherd has called me by my name."

This touching story speaks to the importance of being seen, accepted and valued for the totality of who one is. As Montessorians, we have a chance to see who the child is even more clearly than other observers because in our free environments filled with materials that appeal directly to the child's inner needs, they reveal themselves as in no other place. Having seen the child for who he is, why would we ever then fall back on the misleading labels assigned them by those whose only perspective is that of a diagnostic test? Instead, let us call them by their true names.

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